

EXHIBIT OF UNDERWRITING GAINS AND LOSSES

BY LINES OF BUSINESS

DIRECT BUSINESS IN THE STATE OF LOUISIANA FOR THE CALENDAR YEAR ()

Enter Amounts in Whole Dollars / Whole Numbers

Reporting Company:

NAIC No.

NO	LINES OF BUSINESS	(1) (a) Premiums Written	(2) (a) Premiums Earned	(3) Losses & Loss Adjustment Exp Incurred	(4) (b) Underwriting Expenses Incurred	(5) (c) Gain From Underwriting During Year	(6) Per Cent of L & LA Expenses Incurred To Prams Earned	(7) Per Cent of Underwriting Expenses Inc. To Prams. Earned	(8) Per Cent of Losses and Expenses to Prams Earned	(9) Number of Policies Written	NO.
1	Fire										1
2	Allied Lines										2
3	Farmowners Multiple Peril										3
4	Homeowners Multiple Peril										4
5	Commercial Multi Peril (Fire and Allied Portion)										5
6	Commercial Multi Peril (Liability Portion)										6
7	Inland Marine										7
8	Financial Guaranty										8
9	Medical Malpractice										9
10	Earthquake										10
11	Worker's Compensation (d) & (f)										11
12	Other Liability										12
13	Products Liability										13
14	Private Passenger Auto Liability (d)										14
15	Commercial Auto Liability (d)										15
16	Private Passenger Auto Physical Damage										16
17	Commercial Auto Physical Damage										17
18	Fidelity										18
19	Surety										19
20	Glass										20
21	Burglary and Theft										21
22	Boiler and Machinery										22
23	Credit										23
24	Mortgage Guaranty										24
25	Title										25
26	Miscellaneous (e)										26
27	TOTAL										27

- (a) Gross Direct premiums written less return premiums
- (b) To be determined by applying to the general expenses the percentage which the premium income in Louisiana bears to the total countrywide premium income of the carrier
- (c) If "Loss" use minus sign before items.
- (d) Including Medical Payments.
- (e) Any P & C premiums under the jurisdiction of the LIRC reported in the Aggregate Write-In section of page 24 of the annual statement that can not be included in any of the designated lines on this report.
- (f) Including Excess Workers Compensation

I hereby certify that I am the _____ of the _____

_____ Title

_____ Insurance Company doing business in the State of Louisiana

and that I am authorized to make this certificate. I hereby certify that the within and foregoing is true and correct.

This the _____ day of _____, 20_____.

Typed Name and Signature of Officer

Address

THIS REPORT IS DUE ON OR BEFORE APRIL 16 OF EACH YEAR